

DEFENDANT'S EXHIBIT A

**IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DANIEL BRYAN KELLY,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No.: 2:05-cv-1150-MHT
)	
RICKY OWENS, et al.)	
)	
Defendants.)	

DECLARATION OF RANDALL W. WEAVER, M.D.

I, Randall W. Weaver, M.D., being over the age of eighteen and competent to testify declare that the following statements are true and correct to the best of my knowledge and belief, and are based on my personal knowledge:

1. I am a physician with a family practice in Rockford, Alabama.
2. I am the only doctor in Rockford, Alabama.
3. I have maintained a practice in Rockford since August 1995. I have maintained my practice in the same office location since 2000.
4. I am board certified by the American Board of Family Practice.
5. From on or about July 2001 through June 2004, I was employed by Health Services, Inc., to provide medical services in Rockford and the surrounding area.
6. On November 26, 2003, the day before Thanksgiving, I examined a patient named Daniel Bryan Kelly in my office. Attached to this declaration are the medical records of my examination of Mr. Kelly. These records accurately reflect my examination

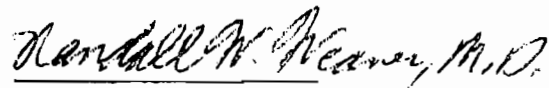
of Mr. Kelly. The patient told me that he had a seizure in jail and suffered a fall. He complained of pain in his right leg, foot, and knee. I never saw Mr. Kelly again after my examination on November 26, 2003.

7. I have never been employed by Coosa County or the Coosa County Commission to provide medical services for inmates at the Coosa County Jail.

8. I have never had any responsibility for conditions of confinement or medical services at the Coosa County Jail.

9. I provided medical services to Mr. Kelly on November 26, 2003, as a Health Services, Inc., patient in my clinic.

Pursuant to 28 U.S.C. § 1746 (2) I declare under penalty of perjury that the foregoing is true and correct. Executed this 29th day of June, 2006.


Randall W. Weaver, M.D.
299 Jackson Street
Rockford, Alabama 35136

HSI ADULT MEDICINE PROGRESS NOTE

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ALLERGIES: Codeine = Rash LK4/76

DATE: 11/26/03

PATIENT NAME: Kelley, David Bruce D.O.B. 6/17/71 HSI# 01102 RACE/SEX/AGE: Cau/m/32

V/S: T: 97.6 P: 83 R: 24 B/P: 142/80 WT: 185 HT: PAIN: NRS (1/low-10/high) "7"

NURSING: O2 SAT = 98%. Gives history of having seizures for 2 1/2 yrs. States Recently had one in jail fell and hurt my leg and foot + my knee

Nurse's Signature: [Signature]

Providers use SOAP format for documentation and note consultation, condition on discharge, patient education.

S: Person in C10 @ leg pain foot pain for past 4 to 5 days after falling in jail. No prior problem @ his @ leg. Has H/O back pain 2° to injuries. Has had surgery on his back.

Also has H/O mental illness, seizures + blackout. His reg MDs are Dr. Jones in Alex City + a psychiatrist in B'ham. Has had 3 psychiatric hospitalizations. Mental health evaluating him for transfer to rehab.

Another complaint

O: general - WAD
mood - tearful at times, WNL at other times
CTA
Heart - RRR

Extremities - pulses - WNL
@ knee - ROM - WNL, ligaments appear to be intact
minimal tenderness to palpation around patellar ligament
@ ankle - ROM - WNL; minimal swelling if any, strength - WNL, possible very abn distal ankle (possibly old)

Education

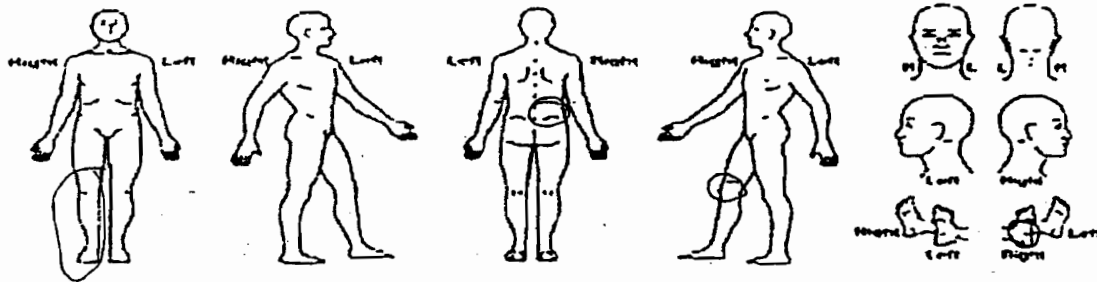
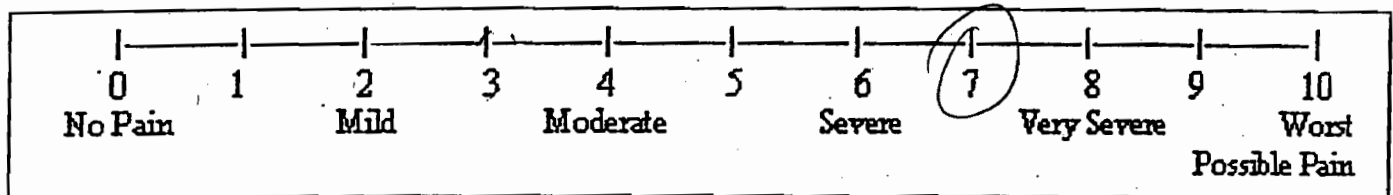
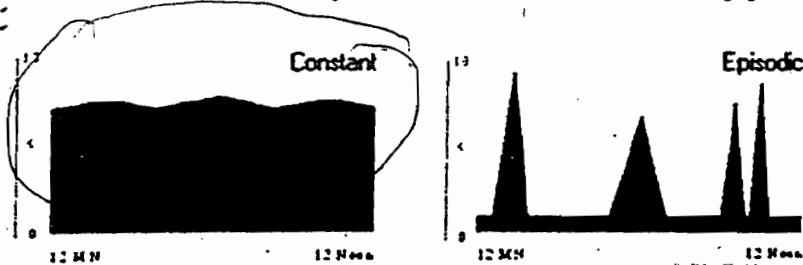
App ankle/knee pain - symptomatic care
elastic ankle brace for comfort per his request

Mental Illness
F140 MH
cont med
[Signature]
[Signature]

Health Services, Inc.
INITIAL PAIN ASSESSMENT TOOL (ADULT)

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Patient's name: Daniel Kelley DOB: 6/17/71 HSI #: 01102 Date: 11/26/03
 Complaint: Min: R leg + lower back Allergies: Codeine Nurse: DRWitchell

1. Location: Patient or nurse marks drawing**2. Intensity: Patient rates the pain on NRS scale.****3. Pain Patterns: Indicate which picture best describes the way your pain is throughout the day****4. Effects of pain:**

Working	Not At All	A Little	<u>A Lot</u>
Relationships	Not At All	<u>A Little</u>	A Lot
Mood	Not At All	A Little	<u>A Lot</u>
Sleeping	Not At All	A Little	<u>A Lot</u>
Walking	Not At All	A Little	<u>A Lot</u>
Enjoying life	Not At All	A Little	<u>A Lot</u>
Taking care of yourself	Not At All	<u>A Little</u>	A Lot
Other	Not At All	A Little	A Lot

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Leg/

5. Quality: (Use patient's words, e.g., prick, ache, burn, throb, pull, sharp) Constant Throb / Sharp
6. Onset, duration, pattern: R Leg 3 days ago Lower BACK Yearly 2000
7. Manner of expressing pain: Moody + Cry
8. What relieves the pain? nothing
9. What causes or increases the pain? WALKING

10. Medications: Write in the name and dose of the medications that you are currently taking.

Name of Medication	Dosage of Medication	Number of doses / day
<u>Have Taken Robaxin &</u>		
<u>Lorcet Plus</u>	<u>1 94-60</u>	

11. Other comments: _____

Patient: Do not write below this line.

Provider completes the following:

Plan: _____

Provider's Signature: _____ Date: _____

HEALTH HISTORY

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DATE: Nov 26-2003 NAME: Daniel Brian Kelley
 D.O.B.: 6-17-71 H.S.I.# _____

1. What is the reason for your visit today? Feel and hurt at FT + RT Knee + Lower Back
 2. Is there anything specific about you or your health that we need to know? L4 L5 S1 is Artificial
 3. List drugs, pollen, animals or foods that you are allergic to: codine
 4. List any medications that you are taking (including: vitamins, aspirin, tylenol, laxatives)
Loxap Plus, Fentanyl, Zpack, morphine patches, Zyrtec, Klonopin, Serenol,
 Prescribed by whom? Chica mental Health of Dr. James
 5. Have YOU or anyone in your immediate family had any of the following: (write "Pt." or indicate which relative.) Deceased?

heart disease Uncle diabetes/sugar Uncle asthma mc-Bronchitis
 high blood pressure Uncle + Cousin birth defects _____ cancer Aunt
 stroke Dad blood problems/disease Cousins TB _____
 sickle cell disease _____

Childhood illnesses _____ Immunizations (up-to-date) YES NO
 Date of last tetanus (lockjaw): _____

6. Have you ever been in the hospital? YES NO / Date: (most recent) Aug. 2003 Brookwood
 Reason? physio problems + back surgery Which hospital? Baptist Mt. Clare, Brookwood
 7. Have you ever had surgery? YES NO When? 2000 Back L4 L5 S1
 8. Have you ever had a serious accident? YES NO When? 2000 Feel Broke Back
 9. Have you ever had serious or recent problems with: (Circle no, or yes please)

ears or hearing	<u>NO</u>	YES	cough	NO	<u>YES</u>	depression	NO	<u>YES</u>
mouth or throat	NO	<u>YES</u>	thyroid	<u>NO</u>	YES	weight loss	NO	<u>YES</u>
allergies	NO	<u>YES</u>	skin problems	<u>NO</u>	YES	ulcers	NO	<u>YES</u>
lung infections	NO	<u>YES</u>	stomach	NO	<u>YES</u>	liver	<u>NO</u>	YES
eyes	<u>NO</u>	YES	kidneys	NO	<u>YES</u>	arthritis	<u>NO</u>	YES
muscle pain	NO	<u>YES</u>	gallbladder	<u>NO</u>	YES	joint pain	NO	<u>YES</u>
headaches	NO	<u>YES</u>	discharge	<u>NO</u>	YES	moles	<u>NO</u>	YES
prostate	NO	<u>YES</u>	sores (penis)	<u>NO</u>	YES	chest pain	<u>NO</u>	YES

10. Do you examine your testicles monthly? (males only).....YES..... NO YES
 11. Have you ever had a seizure, convulsion, or "falling out" spell?.....YES..... NO YES
 12. Have you ever had a blood clot in your lungs, legs or anywhere?.....NO..... NO YES
 13. Have you ever smoked cigarettes or used tobacco? (chew or dip).....YES..... NO YES
 If yes, are you an: Ex-smoker? Smoke now? Do you smoke (less) or (more)
 than a pack a day? How much smokeless tobacco do you use a day? 1 can school

14. How often do you drink beer, wine, wine coolers, or liquor? (circle please)
 Never Rarely 1-2 times a week 3-4 times a week 5 or more a week
 If you drink beer, wine, wine coolers, or liquor, do you have (circle) less or more than 5 drinks a day?
Less

15. Have you ever used marijuana, cocaine, crack or other street drugs?..... NO YES
 16. Have you ever used I.V. drugs?..... NO YES
 17. Have you ever had a blood transfusion (date)..... NO YES

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18. Do you have any tattoos? RT ARM..... NO ☒ YES
19. Have you ever been treated for a venereal disease? (Date)..... ☒ NO YES
Which one(s) _____
20. Have you had sex with more than one partner in the last 5 years?..... NO ☒ YES
21. Have you every had sex with a member of your own sex?..... ☒ NO YES
22. Have you ever been around anyone with hepatitis? (Date)..... ☒ NO YES
23. Would your sex partner(s) answer YES to any of the questions 14-22?..... ☒ NO YES
24. How is your appetite for food? Excellent Good Fair ☒ Poor
25. Are you now or have you ever been placed on a special diet? ULCERS..... NO ☒ YES
If yes, what kind of diet? ULCERS NO GRASS
26. Are there any foods that disagree with you?..... NO ☒ YES
If yes, what are they? anything hot
27. Do you have a problem with constipation?..... ☒ NO YES
28. Do you have a problem with diarrhea (loose and watery stools)..... NERVOUS..... NO ☒ YES
29. Do you have a problem sleeping?..... IN SOMNOL..... NO ☒ YES
30. What kind of work have you done for most of your life? ARMY, ROOFING

FOR FEMALES ONLY

1. How old were you when you started your periods? _____ Date of last period? _____
2. How often do you have your period? _____ Are they regular? _____
3. Do you have (circle) bad cramps / bleeding or spotting between periods / or any unusual discharge?
4. Do you have any problems with your breasts? (lumps, pain, discharge or other)..... NO YES
5. Do you practice self-examination?..... NO YES Monthly?..... NO YES
6. Have you ever had a mammogram?..... NO YES
Why? _____ Date of most recent? _____
Where? _____
7. How many times have you been pregnant? _____ How many children are living? _____
Have you ever had any: stillbirths? miscarriages? abortions?
8. Were any of your children premature? NO YES How early? _____
9. Have you ever used: (circle NO/YES) birth control pills? NO/YES ; foam? NO/YES ; condoms? NO/YES;
IUD? NO/YES ; diaphragm? NO/YES
10. Did you ever have any serious problems with any of the above methods..... NO YES
11. When was your last Pap Smear? _____ Where? _____
12. Have you ever had an abnormal Pap Smear?..... NO YES
When? _____ Where? _____